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EDITORIAL

CANCER INCREASING.

The organized educational propaganda against cancer has become widespread, but as yet it has not reached the point of estimating results. The battle is on, however, and there must be no let up in the campaign until there is a general knowledge of cancer prevention. No stronger argument for this effort has come forward than the report on January 1, 1917, emanating from the Bureau of the Census of the Department of Commerce. This report declares that the mortality from cancer and other malignant tumors has been constantly on the increase for

the past fifteen years. Other facts brought out and of interest are that the disease is more common in cities; that females have cancer more than males; it is more common in whites than among negroes; those in middle life and old age are more often attacked than in early life. Cancer of the stomach and of the liver represent more than three-eighths of the total.

These data are derived from statistics brought down to 1915, in which the general cancer death rate amounted to 79.4 per 100,000 population in the registration area. From 1900 to 1914 the increase in mortality was 26 per cent. The apparent increase may be discounted by the known fact that better and earlier diagnosis of cancer has been made in recent years.

It is interesting to note the mortality rate at different ages, the incidence in 1914 being figured on the 100,000 basis.

Under 25	2.8
25 to 34	13.9
35 to 39	42.
40 to 44	74.6
45 to 49	128.6
50 to 54	199.7
55 to 59	305.9
60 to 64	393.1
65 to 69	516.
70 to 74	672.3
75 to 79	766.6
80 to 84	889.6
85 and above	875.6

The methods of diagnosis and the procedures for the treatment of cancer are always improving, but the appalling death rate (52,420 in the registration area, which would be considerably augmented in the rest of the United States where no records are filed) indicates that as yet prevention has not really started. The average physician has not yet learned to impress upon his patient the need of early diagnosis of cancer, and until this part of the profession, the largest element in the problem, is educated to preach the dangers of delayed cancer, no real ground will be covered.

The etiology of cancer is still in the crucible and it is not possible to tell when the question will reach a solution. Cer-

tain deductions must be drawn from the statistics furnished.

In the first place, the large proportion of cancer of the stomach, liver and intestinal tract, making about 40 per cent of the cancer mortality, must argue the relation of food to cancer. The greater incidence in cities further argues environment and habits of life as contributing factors.

Before now we have reviewed some of the erratic chemic theories, and we have reviewed the argument for occupational causes, but these are transitory views, changing with the generation advancing them. No conclusion has yet been reached which will satisfy all the phases of conjecture as to the cause of cancer. We have a large problem, so far unsolved.

In this line the champions of heredity and contagion were given considerable food for thought in the address of Mr. Arthur Hunter before the Association of Life Insurance Presidents at their annual meeting in New York on December 15, 1916.

This essayist begins a most interesting address with the general proposition that the cancer rate among those in close attendance upon sufferers from this disease is only normal and that the same normal rate prevails among those whose parents or grandparents died of cancer.

From statistics derived from six of the largest American life insurance companies he concludes that a man or a woman, one or both of whose parents died from cancer, is no more likely to die from that disease than those whose family history was free from that blemish; there is no statistical evidence at this time to show that cancer is transmitted by inheritance.

These conclusions must offer large comfort to those who are apprehensive of familial cancer, while it points again to the belief that we find congenital occasion for cancer with which heredity has nothing to do. In other words, the individual may be born with the tissue cells susceptible of cancer development but not in themselves cancerous. Cohnheim's theory is still worthy of consideration and with these lights it may stand for some time to come.

THE PARISH SOCIETY BENEFIT.

The concert and dance for the benefit of the Orleans Parish Medical Society, given on January 27, proved quite a success from the standpoint of the size and character of the audience as well as that of the financial results.

While exact figures are not yet available it is safe to say that the net proceeds to the society will amount to about five thousand dollars, a sum which the optimists expected to reach and the pessimists did not think attainable.

Great credit is due the officers of the Society and the members of the various committees for zealous and efficient work. While, as usual, a comparatively small number actually *did* things, many assisted and very few shirked, it is not our mission to do any singling out, hence we shall simply congratulate the Society as a whole upon the successful outcome, which should result in placing it on a sound financial basis.

BOARD OF HEALTH MATTERS.

During the twenty-one years that the editors have managed this publication, scrupulous care has been taken not to allow any politics to color its utterances either directly or indirectly. While many errors may have resulted, in the opinion of some, they have at least been only of omission for the very reason stated.

Before and after the last election, the temptation often was strong to say something concerning the various medical positions involved, notably on the State Board of Health, yet we persisted in our determination and made no attempt to influence action in regard thereto from the fear that our words might be misunderstood or be given a personal interpretation. Now that it is all over, we must let something out and express our astonishment that a body of serious medical men should meet, solemnly pass resolutions of admiration, approval and gratitude regarding some appointees, then proceed expeditiously to chop off their official heads and name their successors upon orders from higher up. The members of the Board must be somewhat lacking in their sense of humor or they could not have done it!

As an illustration take the subject of statistics, a vital one for this State in more ways than one. During the incumbency of the retiring registrar and under the stimulus of the President of the Board, the entire system was reorganized and brought up to modern requirements; the progress of the work may be judged from the fact that the entire State, outside of New Orleans, recorded in 1913 only 1,959 births and 1,654 deaths, while three years later the totals were 28,000 births and 14,053 deaths for the same territory. The members of the Board knew all this, they included the registrar in their laudatory resolutions, yet they named somebody else in his stead at the next breath and there was not even the excuse that the progressive and efficient incumbent had been guilty of the least bit of offensive partisanship.

It is well to attract attention to happenings of this nature with a little hope that the profession may take them to heart and that the effect may be productive of good in the future.

ORIGINAL ARTICLES

(No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. Reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.)

THE COLONIZATION OF EPILEPTICS.

By WM. BARCLAY TERHUNE, M. D.,
The East Louisiana Hospital for the Insane, Jackson, La.

"Oft, too, some wretch, before our startled sight,
Struck as with lightning, by some keen disease,
Drops sudden: By the dread attack overpowered.
He foams, he groans, he trembles, and he faints;
Now rigid, now convulsed, his laboring lungs
Heave quick, and quivers each exhausted limb
Spread thru the frame, so deep the dire disease
Perturbs his spirit; as the briny main
Foams thru each wave beneath the tempest's ire.
He groans since every member smarts with pain,
And from his inmost breast, with worthless toil,
Confused and harsh, articulation springs,
He raves since soul and spirit are alike
Disturbed throughout, and severed each from each
As urged above distracted by the bane,
But when, at length, the morbid cause declines,
And the fermenting humors from the heart
Flow back—with staggering foot the man first treads,
Led gradual on to intellect and strength."—**Lucretius.**

That epilepsy is a disease as old as written history there can be no doubt. The word itself, derived from the Greek and meaning "to seize upon," evidences the animistic hypotheses of an earlier civilization. Biblical references to the disease are numerous, and Grecian mythology contains descriptions of this malady. The classical delineation by Hippocrates, written over twenty-three centuries ago, shows clearly that epilepsy was known to the ancients.

Surely it would seem that such a disease, probably as old as the human race, would be so well understood as to no longer present a problem to medicine as well as to society. And yet fragments of light are just beginning to be thrown on its etiology, and society is awakening to the necessity of caring for and protecting itself from these unfortunates.

It has not been long since the epileptic was regarded with superstition and ignorance. They were said to be "possessed of a demon," and were often inhumanely treated. Indeed, even death has been meted out to epileptics as the result of a misunderstanding of the nature of their ailment.

Fortunately our enlightened civilization has recognized the nature of this affliction and is to-day considering how to best care for these unfortunate individuals.

As the social organism moves toward a higher standard of physical and mental efficiency, it eliminates from the industrial activities of life those who vary from the normal in any direction. The altruism of the day cannot find worthier expression than that which may be wrought out in establishing a right relation of organized society to its defective members.

The epileptic has no place in the social life of a community. From their earliest recollection they are shunned, for society eliminates all things disagreeable if possible. As a rule, they are denied the privileges of an education and are thus prevented from acquiring a training for usefulness and self-support. Eventually they are turned from every avenue of remunerative employment, and having failed in attaining all of those things which make life worth living the State owes them reparation, even to providing a special order of living, care and treatment, to suit their necessities. This need may be met by institutional care.

Epileptic colonization is a subject to which much attention has recently been given throughout the civilized world. The first colony was founded near Bordeaux, France, sixty-seven years ago. The Bethel Colony at Bielfeld, Germany, was started twenty years later and now constitutes the largest epileptic colony in the world. England next established an institution for the treatment of this disease. Ever since institutions for the insane were started in the United States epileptics have been admitted to them. The first hospital for the care of sane and insane epileptics was established in this country twenty-five years ago at Gallipolis, Ohio. Besides Ohio, the following States now have special institutions for the care of epileptics; New York, Massachusetts, New Jersey, Kansas, Texas, Indiana, Virginia, Connecticut, Iowa, Illinois, Michigan, Missouri and

Pennsylvania. It is remarkable that only fourteen States should have provided for the proper care of epileptics, especially when it is remembered that there are almost as many individuals afflicted with this malady as there are persons insane.

It is a mistake to suppose epilepsy to be an uncommon disease. Its manifestations are so diverse that the condition may be present many years unrecognized. The attacks may be so mild as to escape observation; again it may be that they occur only at night, and no one, not even the patient, be any the wiser.

It is conceded that at least one person out of every five hundred of our population is an epileptic. With Louisiana's population of 1,800,000 there must be 3,600 epileptics in this State. There are at present not over two hundred of these in our insane hospitals. This brings us to the conclusion that there must be over three thousand epileptics in Louisiana uncared for and constituting a menace to society.

The segregation of the epileptics should prove an asset to the State. This viewpoint has not been given the prominence it deserves. The financial loss to the State resulting from a great number of defective individuals following their unrestrained proclivities, the interference by them with the work of their normal relatives and other associates, and the harm of one kind or another done by these people, should warrant the State in exerting its authority to control so far as possible individuals who, because of their mental incapacity, cannot assume a normal position in the community.

It is almost the rule that epileptics, when admitted to institutions, show evidences of former injuries which occurred during convulsions. The seizures usually take place without sufficiently definite warning to permit preparation for the attack. These individuals are generally more or less gluttonous, and often addicted to the use of alcohol, which tendencies predispose to more frequent and severe seizures. Such habits are easily corrected by institutional care.

Many epileptics present most distressing symptoms besides their convulsive seizures. Nearly all show mental deterioration of a greater or less degree; often conditions of extreme idiocy exist. Many have periods when active symptoms of insanity are present, and practically all are quite irritable at times.

These people are not only a menace to themselves, but also to others. Often they commit horrible and brutal crimes, apparently without motive, responsibility or even knowledge of their revolting acts. An individual suffering from petit mal or infrequent attacks of grand mal may be employed in positions of responsibility.

States of aberrant and disordered consciousness, of great medico-legal importance, occur in epilepsy. The following is an abstract of an interesting case of amnesia reported by Eaton (*Iowa Bulletin of Institutions, July*, 1916):

> Mr. L. had suffered from grand mal attacks since childhood. On May 8 he left his family to visit a neighboring town to collect a bill due him. On the 10th he telephoned his wife that he had been detained. His wife heard nothing more of him until she was notified of his confinement in an institution the following September.
>
> On leaving home he reported for duty as a telegraph operator in a neighboring town. He soon left this place, and on May 30 was installed as agent of the American Express Company at Gridley, Iowa, using the alias of George D. C., this being the name of an acquaintance of his. He held this position fifteen days and then suddenly disappeared. While holding this position he ordered diamonds from a Chicago jewelry firm, for which he receipted as agent of the Express Company. He also carried with him numerous blank express money orders which required only his signature to be converted into cash. Several months later he was apprehended in Michigan on a charge of grand larceny. When arrested he suddenly lost the power to speak, see, hear or eat, and became as helpless as an infant. Four months later he suddenly regained the ability to do all of these things and disavowed all knowledge of his actions from the time he left home.
>
> The case was carefully studied by the staff of the hospital to which he was committed and they all agreed he was not malingering but was passing through a period of amnesia with automatism, during which criminal acts are frequently executed.

Many more cases of a like nature might be cited. This one is mentioned only to emphasize the danger to society from the irresponsible acts of epileptics.

Heredity appears to be an important factor in the transmission of the disorder. Epilepsy is a generic term, however, under which are grouped a number of convulsive conditions, and it is possible that heredity may be only a predisposing cause. It is a fact beyond controversy that there are families in which epilepsy has existed for generations. So if it is true that epilepsy is due to heredity, this is another most cogent argument in favor of segregation, that the future generations may be to some extent saved from the problem confronting us.

The subject of epilepsy, apparently, is not one that interests general practitioners very greatly. I think most physicians do not care to treat epileptics. This is an additional argument for the care of these people by physicians especially trained in such work.

In addition to the duty a civilized people owe to the defective portion of its population, besides the tendency of humanity to protect itself from all sources of danger, there is yet another great advantage in caring for epileptics in special institutions, namely, the scientific study of the causes and treatment of epilepsies. A hospital where many cases are gathered offers an opportunity which the medical profession has always been eager to accept.

There is a great epileptic population now living which must be treated and cared for. Although the condition of these people to-day is far better than it was a few years ago, we have undoubtedly been remiss in administering to their needs. The epileptic village offers the best opportunity for doing this, for by the scientific treatment, education, employment and custody of these individuals, even though our knowledge of the disease is limited, they are improved both mentally and physically. Previous to writing this paper every public and private epileptic colony in the United States, as well as in Canada, was requested to give an opinion concerning the utility and practicability of epileptic segregation; they were unanimously in favor of it.

This paper is written for the purpose of calling the attention of the medical profession to the need in every State for an institution where epileptics may be properly cared for, and to urge every physician to co-operate in a movement to secure such an institution in Louisiana.

AGGLUTINATION OF BACTERIA BY MEANS OF DRIED AND DOSED SERA, WITH SPECIAL APPLICATION TO THE DIAGNOSIS OF CHOLERA.*

By GIOVANNI MAROCCO,

Translated for the **New Orleans Medical and Surgical Journal** by LODILLA AMBROSE, Ph. M.

The process of agglutination of pathogenic germs in the diagnosis of infectious diseases is carried out at the present day with sera in the liquid state. Such a process involves a use of bacteriological technic, which is not readily within the reach of every practising physician, as the lack of special means and of time is inevitable. For this reason it has not gained the general adoption in the conflict with infectious diseases which it would merit for the practical value inherent in it independently of the other diagnostic methods.

With the confidence that this may serve to bring such a method of examination into more general use, I am pleased to present to this honored academy a special procedure devised by me and extensively experimented with in the Institute of Hygiene of the Royal University of Turin, and in the laboratory of the Department of Hygiene of the Commune of Alessandria, which I have the honor to direct. This procedure is based on the use of agglutinating sera in a state of desiccation on little pieces of glass, in the proportions desired for the common tests of agglutination for which they are to serve.

The preparation of such little pieces of glass with dried sera is very simple, inasmuch as it is sufficient to let fall by drops on microscopic slides or similar pieces of glass of small volume and large surface known doses of agglutinating sera, suitably diluted with physiological solution, and then to let them dry at 37°. Such sera thus solidfied retain for a long time their integral agglutinating power, where the slides on which they adhere are kept protected from light and dampness; for example, wrapped in filter paper and enclosed in a small metallic box or glass bottle.

Then, in order to obtain with these sera so prepared the ag-

*Marocco, Giovanni. Agglutinazione dei germi per mezzo di sieri essicati e dosati, con speciale applicazione alla diagnosi de colera. Giorn. d. R. Accad. di Med. di Torino, 1916, lxxix, 185-190.

glutination of the germs held in suspension in physiological solution or in culture liquids, it suffices to introduce into these liquids one of these slides bearing the dried agglutinating serum, corresponding in its action to the germ developed in it. Such agglutination will thus be even more evident than that with the liquid sera, because the little whitish clots which are formed deposit themselves by preference on the glass itself, and so are more visible as a whitish cloud on its surface. Only one should be careful in case of need for it immediately after introducing the glass into the liquid, (a) to shake this liquid somewhat around the glass itself in order that the serum may be dissolved uniformly, and (b) to keep the mixture thus made for an hour or two at a temperature of about 37° in water-bath, or even at ordinary temperature, if not much lower, for a longer time.

The value of the agglutinating serum resulting from this mixture may be calculated on the basis of the quantity of agglutinating serum made to dry on the slide and of the volume of the liquid in which it has been immersed. Thus, if, as is more suitable in ordinary practice, 1 cgr. of agglutinating serum is made to dry on each glass, it will have the value of 1 to 1,000, when 10 c.c. of liquid containing the germs are used, of 1 to 2,000, when the volume of liquid used is 20 c.c., and so on.

In two practical applications I have taken pains to experiment and to control more especially this process of mine, that is, in the diagnosis of cholera and of typhus.

For the bacteriological diagnosis of cholera by means of the feces from cholera suspects, or of feces into which I had introduced cultures of specific vibriones—after having planted a loopful of these feces in the usual peptonated and alkalized water, and after having obtained in this water by increase of the germ an evident turbidity, I made the transfer into a second test of peptonated water in order to isolate the germ better in a rich culture of it. Then, into 10 or 20 c.c. of the two tests, containing in varying degree of purity the specific vibrio, I introduced one of the slides, having fixed on it by drying 1 cgr. of serum agglutinating the same vibrio, so as to have respectively values of 1 to 1,000 or 1 to 2,000. The result obtained was constantly to have agglutination already evident in the first test and still more marked in the second.

The two accompanying figures* show, first, a test-tube with peptonated water in which was planted a loopful of non-cholera feces, and another corresponding tube with the same liquid in which was planted a loopful of cholera feces. Into each was subsequently introduced a slide bearing 1 cgr. of dried serum agglutinating for the cholera vibrio. In the second test, which like the first after the introduction of the glass was kept in the oven for an hour at 37°, is seen very clearly to deposit the flakelets of the agglutinated germs at the bottom and around the slide; while in the first is maintained the total and uniform turbidity of the liquid.

If the same experiment is made on cultures of cholera feces with the introduction of slides with other agglutinating sera dried on them, but not specific for the cholera vibrio, then there is no trace of agglutination.

For the tests of agglutination in the diagnosis of abdominal typhus (typhoid fever) an analogous procedure is followed. The suspected bacillus, isolated first from the feces or from the blood in examination, is cultivated in bouillon or in agar. In the same culture in bouillon, or in physiological solution in which may be dissolved a loopful of culture in agar, the test of agglutination is carried out, taking in each of the two equal doses—1, 5, 10 c.c. of liquid—and introducing into these different tests of liquid of different volume one of the slides with dried serum agglutinating the bacillus of typhus in the quantity of 1 cgr.

If the specific typhus germ has developed in the cultures, there is certainly agglutination, more or less marked according to the cases. And if in like manner agglutination is tried with values of 1 to 100, 1 to 500, 1 to 1,000, one may differentiate the presence of bacilli of typhus and paratyphus, with the consideration that the test is made under conditions in which group agglutination may occur and under such conditions that this does not intervene to make difficult the differentiation of the true typhus bacilli.

I have been able to apply the same procedure to the Widal test, causing to dry in determined doses on slides the serum of

*Simply two test-tubes, one with contents of uniform cloudiness, the other with small amount of cloudiness at the bottom.—**Translator.**

a typhus patient, and testing liquids containing in suspension in desired proportions bacilli of typhus or of paratyphus; thus I obtained agglutination or not, according as the serum was activated or not for one or the other of the two types of germs.

Hence, it is evident that where one has at his disposal on glass different sera dried in this way in determined doses, such as that of 1 cgr. corresponding to one drop of liquid, one will have exact indices for recognizing in simple and rapid manner the presence of the germs for which each of these is agglutinating.

I think this method may render particularly useful service in the fight against cholera: for this fight more than any other prophylaxis it is necessary that every sanitary technician should know how and be able to make promptly and on large scale the diagnosis of the first cases. The application of this method to the diagnosis of cholera is favored by the fact that one may successfully prepare the liquid for experimentation with means readily at one's disposal at any time and place, since one may obtain rapidly in the desired conditions peptonated water with previously prepared doses of mother solution, and the culture of cholera feces in tubes kept in water-bath at suitable temperature.

For such times of need I have had prepared for the ordinary use of the sanitary technicians a small box of metal, itself adapted to serving as a receptacle for boiling the water or keeping it at the desired degree (as sterilizer or water-bath); and at the same time capable of holding for transport (a) a certain number of small bottles containing mother solution for preparing instantly the volumes of peptonated water necessary for the culture of matter suspected of cholera; (b) some test-tubes, each with a capacity of 50 c.c., to be turned to account for the sterilization of peptonated water in the desired volume (10 and 20 c.c.) for the subsequent development of the cultures, and then for making the treatment with dried serum; (c) a measuring ube of 10 to 30 c. c. for dosing the necessary water; (d) a thermometer with division to 100° C; (e) a bottle containing a certain number of slides, on each of which may be dried 1 cgr. of serum agglutinating for the cholera vibrio; (f) two glass rods for the plantings.

The box which serves as a container for the objects necessary to the diagnosis can be adapted to any means of heating; and it can be used to boil and sterilize the peptonated water, it will serve as water-bath to keep this with the cultures on the way to development or to agglutination at the desired temperature, which may be measured with the accompanying thermometer, and it will sterilize all the objects used after the tests are finished.

REMOVAL OF VARICOSE VEINS OF THE LEG WITH LOCAL ANESTHESIA.

By CARROLL W. ALLEN, M. D., New Orleans.

In the removal of varicose veins of the leg, the operation which the author prefers is the removal of the entire vein with such of its tributaries as seem necessary, from the saphenous opening above to the ankle below.

After trying many methods for producing anesthesia, the following plan has been found the most satisfactory.

Usually four points are selected for making the injections, which are the areas through which the incisions will be made; one just below the saphenous opening in the fascia lata, one slightly above the knee, one just below the knee and one just above the ankle. At each of these points a transverse area of anesthesia is established running across the leg at right angles. This infiltration is done in the same methodical manner at each point. Very weak solutions are sufficient for this work, either 1-4% novocain or 1-5% eucain; usually eight ounces are required, to which is added twenty drops of adrenalin solution 1 to 1000. All four areas are infiltrated before the operation is begun; this is quickly done by pursuing the following plan: With the small syringe and fine needle, an intradermal wheal is first produced in the center of each of the four areas to be infiltrated; this point should be about over the saphenous vein. The small syringe is now discarded and the large syringe and long needle used throughout. Starting above at the Wheal near the saphenous opening, the needle is directed subcutaneously close under the skin at right angles to the axis of the leg, injecting as the needle is advanced for a distance of

about two inches. The needle is partly withdrawn and redirected in the opposite direction, which is similarly injected. Partially withdrawing the needle again, it is directed at a slight angle to the first injection and passed down nearer to the deep fascia for a distance of about two inches, always injecting steadily when the needle is being advanced. The opposite side is treated similarly. Two deep injections are now made down to or slightly below the deep fascia, one on each side of the position of the vein. During these several injections, the needle is not withdrawn from the skin, the angle being changed by partially withdrawing it, and the syringe detached from time to time for refilling. Each of the four areas for infiltration are treated similarly, using about two ounces of solution at each point; about eight ounces in all, slightly more for very stout cases and slightly less for thin ones.

By completing the infiltration of all four areas before the operation is begun, the solution is allowed ample time to thoroughly saturate the tissues, producing the maximum degree of anesthesia and diffusing outward toward the skin, rendering it unnecessary for direct infiltration here. This methodical method of procedure is very quickly done and saves much unnecessary loss of time.

By beginning the anesthesia above and progressively working down the leg, many of the cutaneous nerves which reach the lower parts are effectively blocked by the upper injections and brings each succeeding area of injection somewhat under the influence of the injection above. Whereas, if the opposite order of procedure were followed, we would constantly be encountering fibers from the same nerve in a sensitive state.

My method of operating has some advantages and is particularly suited to local anesthesia. It consists essentially in enucleating the vein from the surrounding tissue by the use of the finger, which is much more certain of removing the entire vein than an enucleator, which often breaks it off, particularly if diseased and friable. An incision is made through the upper anesthetized area just below the saphenous opening and the vein secured, ligated proximally and divided, a stout forcep securing the distal end. By traction on this forcep, the vein is held

taut and its course well outlined; the finger is now worked down circumferentially around it, separating it from the surrounding tissue, any branches that are encountered are either broken off if small or, by locating them with the finger, a bistoury is passed down along side the finger and they are divided. After reaching as far down as can be readily done from the upper opening, the area next below is incised, by traction on the vein above its exact position is readily made out, but if not quickly located, a long probe is passed down through the lumen and can be readily palpated through the tissues and unnecessary dissection avoided. The process of enucleation is similarly continued from this point down to the ankle. The entire procedure is quickly carried out with little trauma to the tissues.

APOTHESINE, A NEW LOCAL ANESTHETIC.

By CARROLL W. ALLEN, M. D., New Orleans.

It is with much pleasure that we note an effort on the part of our chemical manufacturers to provide us with drugs, the original products of their own laboratories and make us independent of foreign sources, which have so long been our only source of supply. Apothesine, recently presented in experimental qualities by an American firm, is a synthetic product of their laboratory. Chemically, it is the cinnamic ester of gamma-diethylamino propyl alcohol hydrochlorid. Apothesine occurs in the form of small snow-white crystals, having a melting point of approximately 137° C. It is easily soluble in alcohol; very soluble in water; and slightly soluble in acetone and ether.

During a clinical experience of several months, I have been very favorably impressed with the anesthetic properties of this product and have performed hernia, hemorrhoid, fistula, varicocele, circumcision and plastic operations. I have uniformly used a ½ solution in 4% sodium chlorid with five drops of adrenalin chlorid solution, 1 to 1000 to each ounce. The anesthesia has been complete in all cases and has invariably lasted in excess of an hour. No immediate or late irritating effect was noted and the wounds healed as well as after the use of any other anesthetic solution. No toxic or other unpleasant immediate or after effects were noted, although large quantities were pur-

posely used to determine this point; as much as four ounces in one case, which represented nearly ten grains of the drug. This limited experience, with the absence of other data, is not sufficient to give it its proper place among local anesthetic agents. Data regarding its toxicity are not obtainable, but from my experience it must be very low. In this connection, the manufacturers state that its toxicity is not greater than that of novocain and considerably less than that of oher anesthetics commonly employed.

I have not been able to obtain any more exact information than the above and the time at my disposal does not permit of further observation.

The following are the results of injections made upon myself in studying its action. The preparation experimented with was in liquid form put up with a saturated solution of chloretone for purposes of preservation, which I believe is a mistake, as noted later. The solution was first boiled for ten minutes. Intradermal wheals were made in my skin at various points, using for each injection one c.c. of solution.

1. One per cent of apothesine, injection 9:55 p. m., slight negligible burning if injected too rapidly, which immediately subsided; no sensation if slowly injected. Immediate anesthesia. Within about ten minutes slightly pale area had developed around wheal and center became slightly pink. After fifteen to twenty minutes slight itching sensation. 10:30 p. m. pink center has become more marked. 11:10 anesthesia still complete. 11:25, returning sensation. 11:55, nearly normal sensation. 12:30, not yet quite normal. Complete anesthesia for one hour and fifteen minutes. Pink center to wheal still persists, with a very slight suggestion of infiltration in surrounding tissues.

2. One per cent apothesine, five drops of adrenalin, 1 to 1000 to the ounce, injection 10:02, results similar to last injection, except that pale area surrounding wheal was slightly more marked, with pink center more pronounced. 12:15, anesthesia still complete. 12:30, returning sensation. Complete anesthesia one hour and fifteen minutes. Subsequent appearance of area same as with 1% without the adrenalin.

3. One-half per cent apothesine, sodium chlorid 4%; injection 10:07, no sensation during injection. Immediate anesthe-

sia. Pink center and pale surrounding area as with other injections. 10:35, complete anesthesia. 10:40, returning sensation. 10:45, near normal. 11 o'clock, normal. Thirty minutes' complete anesthesia.

4. One-half per cent of apothesine, adrenalin solution 1 to 1000, five drops to the ounce. Injection 11 o'clock. Immediate anesthesia. Appearance same as above. Forty-five minutes' complete anesthesia.

5. One-half per cent apothesine, sodium chlorid 4%, adrenalin solution 1 to 1000, five drops to the ounce. Injection 10:13. 11:30, complete anesthesia. 11:37, returning sensation. 11:50, nearly normal. Complete anesthesia one hour and fifteen minutes. Appearance of injected area same as above.

6. One-fourth per cent apothesine. Injection 10:33. No sensation. Immediate anesthesia. 10:55, complete anesthesia. 11:05, returning sensation. 11:15, nearly normal. 11:28, normal. Pink center and pale surrounding area less marked than with the stronger solutions.

7. One-fourth per cent apothesine, 4% sodium chlorid. Injection 10:38. No sensation. 11:15, complete anesthesia. 11:19, returning sensation. 11:35, nearly normal. 11:50, normal. Thirty-seven minutes' complete anesthesia. After appearance same as above.

8. One-fourth per cent apothesine, adrenalin solution 1 to 1000, five drops to ounce. Injection 11 o'clock. 11:40, complete aesthesia. 11:45, returning sensation. Forty minutes' complete anesthesia. After appearance same as above.

9. One-fourth per cent apothesine, 4% sodium chlorid, adrenalin solution 1 to 1000, five drops to ounce. Injection 11:13. 11:50, complete anesthesia. 12 o'clock, returning sensation. 12:35, nearly normal. Thirty-seven minutes' complete anesthesia.

The next day, a slightly reddish punctate spot marks the site of the wheals. This is more marked in those in which the stronger solutions have been used and slightly more so where adrenalin had been added. Slight soreness and itching in all spots when manipulated, but not noticeable without manipulation. In the two 1% injections a very slight infiltration of the tissues noticeable. The frequent examination of the areas in

which they were stuck by a needle every few minutes during the period of the examination should be considered in drawing conclusions from their appearance. The anesthesia in all cases was immediate and complete and disappeared very slowly. It was often longer than one-half hour from the time returning sensation was first noted until it appeared normal. The pink appearance in the center of the wheal in the case of the stronger solutions persisted for forty-eight hours, but no similar reaction had been noticed in the clinical use of the drug, although the wound had been closely watched. To determine the cause of this reaction two injections were made into my skin with solutions, prepared by tablets of the same drug which did not contain chloretone. In each case there was no sensation during the injection and the central pink area and surrounding pale areola were less marked and disappeared after a few hours. Otherwise, the resulting anesthesia and its duration were the same. The site of injection, if disturbed by manipulation, gave a slight itching sensation, otherwise it was not noticeable.

To test the effect of chloretone when injected alone, I injected my forearm with ten minims of a saturated solution of chloretone, 8% the same strength with which the apothesine is put up; slight burning occurred if injected too rapidly. When tested with a point of a needle for anesthesia, it was found to be completely anesthetic only in the center of the wheal and wherever the needle was entered, a red punctate spot appeared immediately and remained permanently. Otherwise, the wheal presented no change in appearance from the surrounding tissue. Anesthesia lasted about forty minutes' only in the center; the periphery quickly returning to normal.

I am consequently forced to the conclusion that much of the after appearance of the injected areas in these experiments must be due to the presence of chloretone in the solution and accordingly suggest that this method of preparing the solution be changed, as it probably will, and a drug marketed in powder form, as is the case with other local anesthetics.

In conclusion, I wish to state that I believe this preparation has a decidedly useful future and should be given a fair and impartial trial. In my own observation it compares, at least in its anesthetic producing properties and its low degree of toxicity, very favorably with novocain.

SPRAINS.

By ISIDORE COHN, M. D., F. A. C. S.,

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The title of this paper is a term which has gained dignity by long usage, and one which is used far too often at the present time. While the word is used too frequently men seem to hesitate to write on the subject, as is evidenced by the scarcity of recent literature. The probable attitude of many who would be well qualified to write on the subject is well stated in the words of Sir W. Bennett (*British Medical Journal*, 1906): "Unless I had been asked to do so, I should not have presumed to contribute to the *British Medical Journal* an article upon such a trivial subject as sprains." Fortunately another attitude toward the injuries is illustrated by the remarks of Mr. Tubby: "The subject scarcely calls for an apology, because, in the first place, it is one on which the text books speak but lightly and pass it over with a few scanty remarks of but little value in any direction." (*Practitioner*, London, 1897).

There was a time when there was an excuse for the frequent use of the term sprain, but to-day, with all of the modern aids to diagnosis at our command, particularly the X-ray, we should be more careful of its use. Many are inclined to apply the term sprain to an injury about a joint in which there is no grossly apparent pathological condition, such as deformity, crepitus or abnormal mobility. Such a procedure is inexcusable in the light of some of the recent writings. Some are even unwilling to admit that a true sprain, according to the older definition, really exists as a separate entity.

In Da Costa's Surgery we find the following definition of a sprain: "A sprain is a joint wrench due to sudden twist or traction, the ligaments being more or less damaged." Ross and Wilbert, writing in 1902, stated: "Sprains are a class of injuries of which the pathology has been considered more or less vague and the results of treatment unusually unsatisfactory. In the light of our present knowledge it would appear that the generally accepted definition of a sprain is incorrect and misleading and that the true pathology is that of a fracture, a luxation or both a fracture and a luxation involving the same joint. Many

cases were diagnosed as sprains by the patient himself or by the corner druggist."

Again, in 1912, Ross and Stewart of Philadelphia stated: "The word sprain standing alone we eliminate." They believe that the condition formerly called a severe sprain should be classified a sprain fracture. By this term is meant "a condition resulting from an increase in tension of tendon or ligament or from direct violence at the seat of tendinous or ligamentous attachment to bone, is a separation of all or part of that bone to which tendon or ligament is attached from that bone of which it formed a part. (*Annals of Surgery*, vol. 155, p. 71.) Callender first described this condition in 1870.

Ross and Stewart carried out a series of fifteen experiments to determine the relative tensile strengths of tendons, ligaments and small bony prominences by which the ligaments and tendons are attached to bone. Quoting their own words we read "In these fifteen experiments done by pulling force on tendons and ligaments at some distance from the attachment of them to bone, bone gave way in every test but one." Beside their experimental work they collected 145 cases of sprain fracture from their work and of these they found that thirty-three came for treatment three or more weeks after the accident.

Dr. Ross of Philadelphia, discussing a paper read by Dr. Stewart, stated: "Dr. Stewart's experimental and clinical work is conclusive proof that *sprain* is *fracture* and being fracture should be so treated."

Ashhurst understands that sprains are injuries to joints which cause laceration of ligaments.

Turner Thomas has made experimental cadaveric sprains without an associated fracture.

While we are not prepared to accept as a fact there is no such thing as a sprain, the work of Ross and Stewart, experimental and clinical, is bound to be impressive.

My own experience leads me to conclude that the diagnosis of a sprain should not be made until one has positively eliminated fracture. In other words it is our plain duty to have a radiograph of every case in which there is an injury about a joint. Bennett states: "It has been conclusively shown by the X-rays that sprains, commonly so called, are, in quite a large

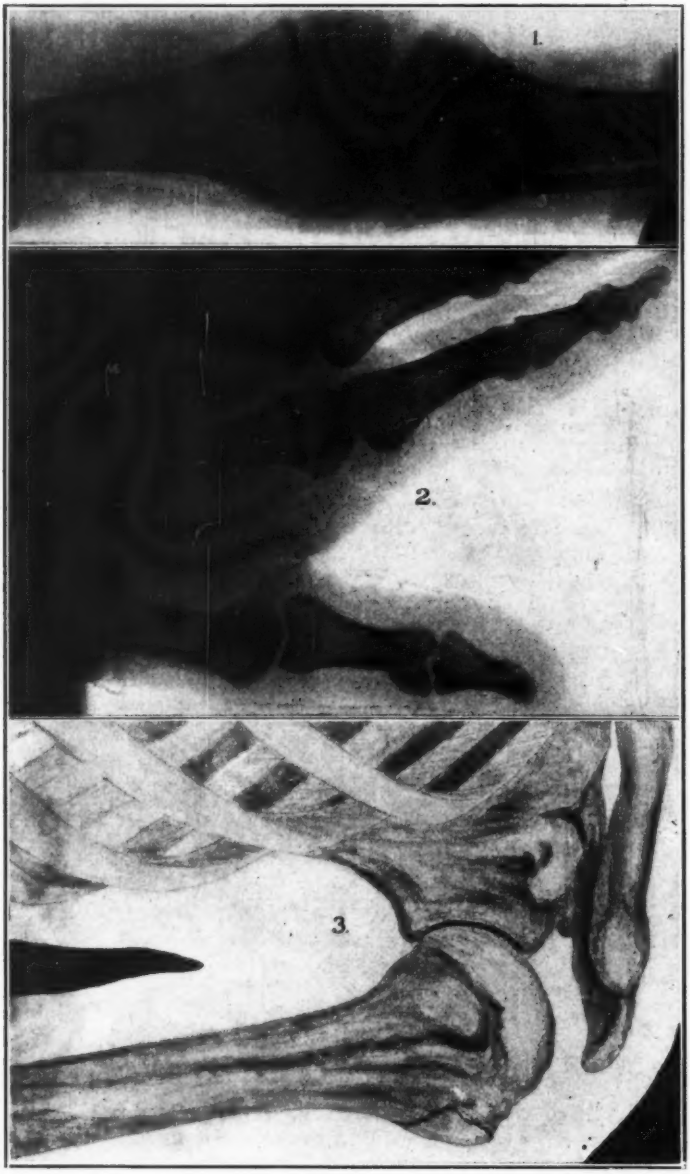
proportion of cases, complicated by slight fractures, every sprain should be examined by the X-rays. In the event the X-rays being unobtainable it is wise to regard any case in which the symptoms of sprain near a joint are unduly exaggerated as being complicated by a fracture." Legally we would have no recourse if a patient were treated by us for a sprain and later someone else had a radiograph which showed an old fracture to be the cause of the deformity and disability. I have treated many cases which might have been considered sprains if we had not had the lesson impressed on us by the cases of others which have fallen into our hands and by a study of the literature.

Case Reports.

Case: Mr. M. W. Young man. While playing indoor baseball he attempted to slide to base, the opposing player in an effort to reach the base first stepped on his foot. The next morning the patient telephoned to me that he had a sprained ankle and would I not come early and strap his ankle that he might go to work. When I saw him there was some swelling of the ankle particularly over the internal malleolus and pain on pressing over the dorsum of the foot just below the malleolus and in front of it. Pressure on the sole upward caused pain in and about the ankle joint. Suspecting an injury to the astragalus I had an X-ray picture made by Dr. E. C. Samuel. The picture showed a fracture of the astragalus. A plaster cast was applied and five weeks after the accident he was able to walk without pain. He has no discomfort at present, weight bearing is not impaired and he has no deformity.

Mrs. M. M. Diagnosis *Fracture External Malleolus.* She fell while going down stairs and "sprained her ankle." Examination showed swelling of the ankle particularly over the external malleolus, pain localized in that region, and some limitation of motion of the ankle. An X-ray picture showed a fracture of the external malleolus. It was treated accordingly and the patient recovered with a useful joint.

A. Mos. Boy 11 years old. While playing with a friend he was thrown down. The parents thought that the boy had sprained his knee and paid no attention to the injury until 6 weeks after the accident, when I was consulted about him. Immediately after the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accident he was able to walk, with only a slight discomfort. The reason for consulting a doctor was a limp and some swelling of the knee.

Examination revealed the injured knee to be about one inch larger than the opposite side, there was fluid in the joint, some limitation of extension and pain over the internal condyle of the femur and the upper end of the tibia.

An X-ray picture revealed a longitudinal fracture of the upper end of the tibia not including the epiphysis.

The child was anesthetized and the leg extended, a plaster cast was applied in this position. At present he is improving.

Mr. Z. While helping to unload a truck he was struck on the knee. Dr. Blank treated him for a sprain and later a "dislocated nerve." He applied to the clinic for treatment at which time it was found that he had some flexion of the knee over the internal condyle and some hydrarthrosis of the knee. An antero-posterior view as well as a lateral view of the knee was requested, but for some reason the antero-posterior view was not taken and a report of "Negative to bone changes" was made. A subsequent lateral view was made and it revealed a fracture of the internal condyle of the femur. The loose fragment was removed, the wound healed without trouble and the patient recovered the ability to flex and extend the knee. The last time he was seen the weight bearing power was perfect and the motions of the joint were not impaired.

A case I reported once before had a fracture of the greater tuberosity of the humerus which was diagnosed as a sprain of the shoulder. He was not treated for a fracture until about one week after the accident.

Mr. D. B. W. On March 16, 1913, while trying to step from a moving car, he fell to the pavement. He was seen by Dr. ——— who very kindly referred him to me on March 24. During the week following the accident the patient noticed that he was unable to use his arm or abduct it.

Examination revealed marked ecchymosis of the arm. There was loss of contour of the shoulder joint. He held his arm close to the body, the arm rotated inward. He complained of severe pain over the greater tuberosity of the humerus.

Limitation of the motion of the shoulder, especially external rotation. In fact he was unable to rotate the

arm voluntarily to any degree, and passive external rotation and abduction was painful. The diagnosis of fracture of the greater tuberosity was made and the accompanying skiagraph confirmed the diagnosis. The plan of treatment followed has already been outlined.

On May 3 he was discharged. At that time there was practically perfect function of the shoulder.

"The wrist, proper, is more subject to these so-called sprains than any other joint." * * * "Probably the injury most generally overlooked at this joint is a fracture of the carpal bone." * * * "Next in frequency are factures of the styloid process, either of the radius or the ulna." (Bennett.)

Many cases of wrist injuries could be cited from clinic records which confirm the statements made regarding the frequency of fracture and relative infrequency of sprains. Injuries of the metacarpals are often passed over lightly with diagnosis of sprain, until deformity appears after the subsidence of the swelling and a limitation of the usefulness of the hand shows the patient first and the doctor next that something more than a sprain has occurred.

Only recently a case was treated at the clinic which illustrated the truth of this statement. The following is a brief resume of the case. A young white boy was fighting. He struck his opponent on the face. He experienced some pain and applied to a druggist for assistance, salve was applied, he then went to a doctor, who told him that he had sprained his hand. Six weeks after the accident he applied to the clinic for treatment. We found a marked deformity on the dorsum of the hand, limited to the area of the middle of the fourth and fifth metacarpals, a recession of the knuckles corresponding to these joints and a limitation of the power of closing the hand. It was with difficulty that some of the displacement and deformity were corrected.

Other cases could be cited, but I believe that enough has been mentioned to illustrate the points I wished to prove:

That sprains are infrequent as compared to other injuries about joints. That we should eliminate all other injuries before the diagnosis of sprain is settled upon.

In order to do the above one must make a routine X-ray examination in more than one plane.

Last, but not least, one should not accept the patient's or family's opinion of an injury, but should always make a routine examination with the view of eliminating all of the possible injuries about a joint before concluding that a true sprain exists.

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A NEW FRENCH AID IN THE CORRECTION OF DEFORMED FEET.*

By PAUL A. McILHENNY, M. D., F. A. C. S.,
(From the Orthopedic Department, School of Medicine, Tulane University).

When one undertakes the correction of a deformed foot in which structural changes exist, by the "Bloodless" or "Brisement Forcé" method, he should endeavor to accomplish the desired result with as little traumatism to the soft parts as is compatible to the operation. A torn ligament, a fractured bone, or even a lacerated or badly bruised skin may prolong the treatment or produce a questionable result. With a patient in the first decade of life, when one finds the soft parts most elastic, and the bones still "bendable" to a certain extent, it is not often necessary to use force greater than that which may be applied with the hands alone, but in older patients, in whom most resistant contractions are found, it is frequently necessary and even advisable to use a contrivance with which one may more readily stretch the contracted soft parts and so be better able to restore the bones to a more normal position in one operation. Hippocrates spoke of club foot and devised a wrench for its correction, and many surgeons interested in the correction of deformities have had wrenches built according to their ideas; even Lorenz, with his wonderfully powerful hands and arms, found it necessary to plan an apparatus to help him in his "Bloodless" correction of club foot. The most widely known wrench for

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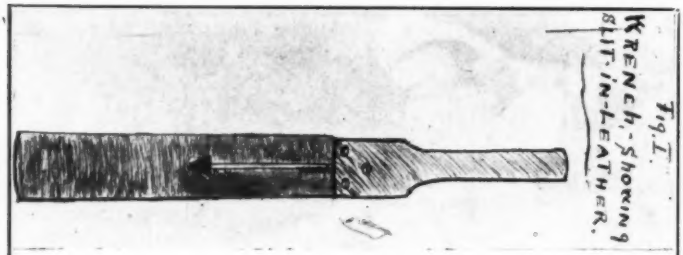

Fig. I.
WRENCH, SHOWING SLIT IN LEATHER.

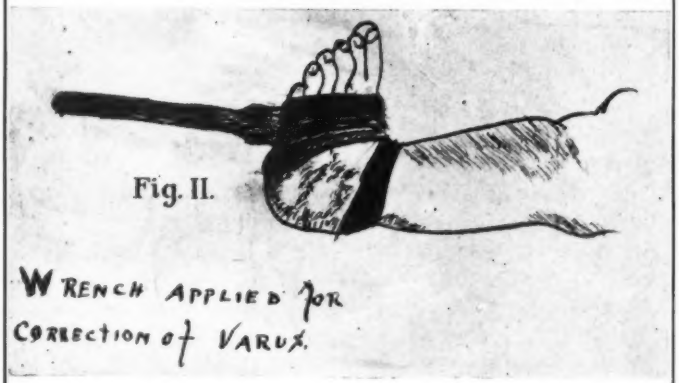

Fig. II.

WRENCH APPLIED FOR CORRECTION OF VARUS.

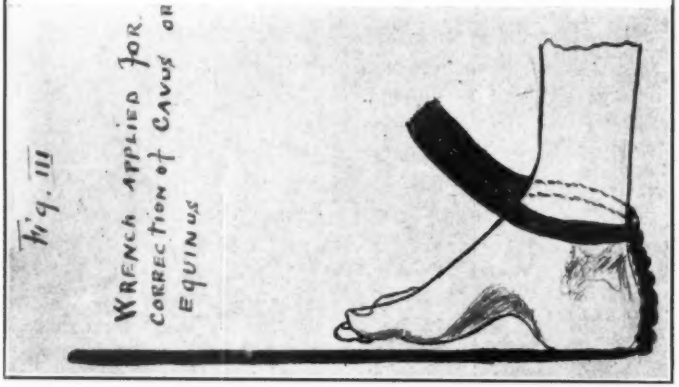

Fig. III

WRENCH APPLIED FOR CORRECTION OF CAVUS OR EQUINUS

foot work, which is of comparatively recent conception and which has survived all others, is the "Thomas Wrench," made and popularized by the late H. O. Thomas and his son-in-law, Robert Jones, of Liverpool. Notwithstanding the great prominence attained by many of the "foot-wrench" inventors, all of the heretofore recorded modern wrenches were made of metal and so devised that, in order to hold the foot securely enough to manipulate it, it is necessary to clamp the foot between metal bars, arms or knobs. Even if the gripping part of the wrench is padded with felt or rubber the danger of trauma is still great, and if the wrench is made to grip the foot so tight as not to slip, then when enough power has been exerted to correct the deformity and the wrench is loosened we often find that the skin has been lacerated or possibly bones broken. Any such complications naturally retard the treatment and may even give a bad result. I have, therefore, attempted to invent an apparatus which will be capable of great power and at the same time minimize the chances of traumatising the soft parts or of producing a fracture. The wrench which I now submit to your consideration consists of a piece of oak about 14 inches long, 2½ inches wide, and 1 inch thick, shaped somewhat on the plan of the handle of a hatchet: the flat or wide end is sawed down its width about 2 inches and the sharp edges are rounded off; a soft, pliable piece of leather 20 inches long and 2½ inches wide is mortiсed into the split end of the oak handle and is held in place by brass screws which draw the sawed surfaces together; the leather is roughened on one side with a coarse file, and a slit 6 inches long is made from the handle downward; a small patch of leather is sewed across the lower end of the slit to prevent the leather from tearing. When applying it to the foot one begins at the end of leather with the roughened surface next the skin and wraps it around the foot so that when the handle has been reached its flat surface will be against the sole of the foot; the roughened surface prevents the leather from slipping on the skin, and as pressure is exerted upon the handle the leather tightens about the foot, and a *varus* or *valgus* deformity can be readily reduced without traumatizing the soft parts. If there is an *equinus* position to correct, the foot is passed through the slit in the leather to a point just above the malleoli and the

leather twisted until the flat surface of the handle can rest on the sole of the foot; adequate pressure exerted upon the handle will stretch the tendo-Achillis or straighten out a *Pes Cavus*. When an adducted position is to be corrected the leather about the ankle is changed to a lateral position and then twisted till the flat surface of the handle rests against the lateral aspect of the ball of the foot, force then applied will stretch any contracted tissues. As previously stated, all metal wrenches have the great disadvantage of the possibility of producing a trauma of the soft parts when they are screwed down so tightly upon the foot as to enable the operator to correct the deformity. This wrench, as it grips the foot with soft surfaces, obviates that possibility. We have now used it for three years as an aid in the correction of club feet and contracted flat feet and have seen no complications.

REMOVAL OF A FOREIGN BODY (KNIFE BLADE) FROM THE BRAIN.*

By HERMANN B. GESSNER, M. D., F. A. C. S.

Frank Potts, chauffeur, aged forty-four, was admitted to ward 25 of Charity Hospital September 26, 1916, with a diagnosis of incised scalp wound and probable fracture of the base of the skull. The latter diagnosis was based on a hemorrhage from the left ear. Previous history and physical examination were negative.

On account of the diagnosis of basal fracture he was put to bed; 10% argyol was dropped in the ears and sterile cotton inserted; 10 c.c. of antitetanic serum were administered. After several days in bed, during which the temperature ranged from 101° to 98°, the wounded man was allowed up. On the ninth day of his stay in the hospital he was sitting in a chair and presenting a complete left hemiplegia, with hemilateral facial involvement; mental condition clear but sluggish; blood pressure not recorded, about normal. Dr. Victor C. Smith examined the eyegrounds on the tenth day and reported no edema of the papillæ. Dr. Henry Daspit made a neurologic examination and

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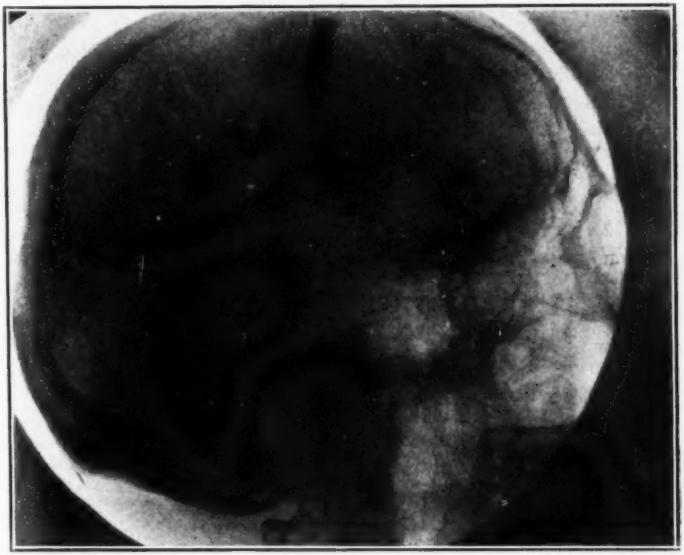
recommended exploration of the right motor area of the cortex on a diagnosis of injury, with probable hemorrhage.

At this time it was learned from his wife that near the scene of his injury a knife had been found with a broken blade, the end of which could not be found. An X-ray picture, taken the tenth day, showed clearly a knife blade projecting through the vertex near the median line on the right, near the anterior supe-



rior angle of the parietal. On the eleventh day operation was done under ether. After palpation of the blade stump through the scalp to make sure of its situation, a flap was turned down, an opening alongside the knife track made with a Hudson drill and rongeur; the knife blade (two inches) was then removed, the track dilated with a hemostat to allow pus to run out to the amount of about a half-ounce; a fine cigaret was then introduced, as well as an iodoform pack to control subdural bleeding; bone wax was used to control bleeding from the bone surface. At this time brain pulsation was scarcely perceptible; as

its tension was moderate and no bulging occurred, the operation was terminated, the drains emerging at an angle of the wound. On the thirteenth day the drains were removed. Recovery was uninterrupted and complete.

PROCEEDINGS OF THE AMERICAN SOCIETY OF TROPICAL MEDICINE.

A SYSTEM OF PERIPATETICS.*

By E. S. GOODHUE, A. M., M. D., LL. D.,

The doctors seem to be agreed upon an occasional change of residence for all who live in the tropics, giving as a reason that long-continued heat has a deteriorating effect upon the human system.

While I shall not presume to question the opinion of these learned men, I offer, herewith, a short exposition of a theory of peripatetics which I believe to be a cure for nearly every physical ill to which the world has been heir for the last few thousand years.

Were I in the trade, I might label my cure "Professor Conglomerate Jones' Travel Cure," but I am not mercenary, and leave the idea open to infringement.

You have noticed that whenever you go from your own home town to another, especially if you are tired and half-sick, you feel better; your appetite freshens, and sleep gladdens your lids at night. No matter how unlovely may be the place you visit, or how poor the table, or how hard the beds, you improve, at least for awhile. It may be for a day only; it may be for two weeks, or a month, or, in rare cases, for a year.

Here is the rub!

The instant things begin to pall on you, and your appetite grows less, begin to move. Don't stay a blessed second in the place where you are not so well as you have been elsewhere; the world is wide.

I gave this advice to a friend who had "weak lungs." He had gone for two months to a salubrious country, and staid there longer than he should, because the place had a reputation. He began to acquire a tolerance for the climate, just as one will for a drug, until it lost its stimulating effect on him. With the drug,—you either drop it for awhile, or increase the dose.

*Read by title at the thirteenth annual meeting of the American Society of Tropical Medicine, held in Washington, May 9, 10, 11, 1916.

With climate the only way is to change the medicine by travel. Go east, or west, or where the spirit moves, but GO. Pack up and get out of the town, shaking the dust off the soles of your feet and the feet of your soul.

Well, this friend of mine, who was nothing but a skeleton, flushed with hectic, and breathless when he made the least exertion, started for California at once. He did this because the word "California," so long associated with balm and healing sunshine, lay uppermost in his subconscious mind. Finding more damp weather and rain than he expected, he continued his way to Hawaii. The voyage did him good, he began to gain, night sweats grew less frequent, fever abated, and he took on flesh, finding various new foods which agreed with him, especially *taro* and *poi*.

He staid two months, and was about deciding to stay permanently, when I wrote him: "Reconsider your decision. Don't fasten there yet."

By and by he thought that the natives were the plainest people he had ever seen. He wrote that it wasn't pleasant to be exposed to new tropical diseases, and that he considered Hawaii the dullest place on earth outside of New York in August. He had even lost his relish for *poi*.

"My son," said I, in a letter of fatherly advice, "git, and don't ever stay long enough in one place to become disgruntled. Always keep what you make. You have learned that in business, and it's a poor rule that won't work cross-wise. 'Tisn't what you make but what you save that counts in the long run."

He had said this to me many a time regarding money matters, on which he had a right to consider himself an authority.

He then left and went to Samoa.

At the end of a year he sent me a glowing account of his voyages, with an itinerary as follows:

> January, 1882. Reached Apia today. Weight 96 pounds. Beastly hot. (I learned this expression from an Australian on the way down). Improved for six days.
>
> Off for Vitu Levu. Weight 97 pounds. Stay three days. Appetite good.
>
> Aukland.—Weight 98 pounds. Two weeks. Appetite good.

Sidney.—Weight 100 pounds. Four days. Appetite good. This is no place for me, but the change is doing me good. I am going to change my medicine tomorrow, and sail due north. Lunched at the Passagran. Still improving. Singapore is too hot for any but the condemned. Weight 101 pounds. When I tell you that I didn't perspire here last night, you will appreciate the extent of my improvement.

Tokyo.—Weight 110 pounds. Stay one month. Appetite fine.

Hong Kong.—Weight 110 and a half pounds. On the way to recovery. No fever for one week. Columbo.—Weight 110 and two-thirds pounds. Stay three hours. Appetite as good as ever.

Calcutta.—Weight 115 pounds. Stay two days. Appetite as good as ever.

Bagdad.—Weight 116. One day. Good as ever.

Cairo.—120 pounds. Stay three weeks. Appetite better than ever. Riding around on camels. Nothing but a little cough. Go from here to Rome.

Rome.—Despite this horribly ancient and pestilential city where malaria and murder walk the streets, I keep on getting fat. I saw the Pope and advised him to try Peripatetics as he is looking thin, and seems to be worrying a good deal. I told him Peripatetics was as infallible as he was, and he smiled sadly.

Natal.—Weight 140 pounds. Stay six months. Called at several ports on the way. I tell all Englishmen about the treatment, and at least three earls suffering from ennui (they call it ung-nwe but spell it as above), and a dozen other foreigners are getting ready to start. I told them what your line of treatment had done for me, and a British author is going to write it up. He wanted your name which I refused to give him, knowing that you are modest about such matters, and dislike notoriety. He said he wanted to be specific, because there were so many quacks in the United States, you know. Also, he asked if you were a disciple of Aristotle, and suggested that we adopt as our motto, Hic et Ubique. I told him the "Keep Agoin'" was good enough for me. He started for Napier Bay yesterday after buying a Universal Peripatetic ticket here. They are selling them here already, so I don't think the English are slow after all. We're not the only people who know a good thing when we see it, if we do see it a mite earlier than other folks.

January, 1883—Rekyjavik. Cold here but healthful. Weight 149 pounds. Stay three months. Appetite ravenous. Eat boiled seal, and drink pure oil instead of coffee for breakfast.

Quebec.—Weight 165 pounds. Appetite boss. I tobogganed, talked French, ate pea-soup, with blood dumplings and sour bread. I get fatter and fatter. No cough. No coffin in sight. Cheeks so red from health that they take me for a Norwegian.

Back to Boston.—Weight 192 pounds. Stay four weeks. Met my old sweetheart and we agreed to get married, or rather she did. She didn't know me at first, but concluded that she could love me as much as ever after she became familiar with my new physique. You see, all the rest of me except about 85 pounds was strange to her. I told her what I owe you as my medical adviser.

Start for California by way of Asheville, St. Augustine, Trinidad, Rio, Callao, Panama, Japan, Honolulu.

Looking at the matter now, it seems to me that I might have found all the climates I needed by a little less travel, but I'm satisfied with the treatment and the fee.

During the next ten years I heard from my friend occasionally, now in South America, now in Africa, Asia, Europe, or some remote portion of the earth. Exactly twelve years after he began his treatment he called on me. He had just arrived from Greenland, with his wife and ten children, all as healthy as himself.

The names of the children were recorded in a book, with the places of their birth. I remember that one was born in Jericho, another in Madagascar, one in Constantinople, one in Liberia, one in Bethany, Mo.; one in Honolulu, one in Spitzbergen, one on Jervis Island, one in Patagonia, and the last one in the Sahara Desert.

So attached was my friend to his idea that he named his children in honor of their birthplaces, calling them for short, Jerry, Madge, Constantine, Libby, Beth, Lulu, Spitz (who resented the name very much), Jervis, Pat and Sara.

Last month I received a letter bearing the Manila postmark. It was from my friend, who said that he weighed 300 pounds,

and was still gaining; that he intended to keep up his travels until he was called on his long voyage across the river.

He thought that he would be the gainer by this, and the only thing which troubled him was the fear that he might have to stay in one place longer than would be good for him. He consulted his pastor about it, who said that heaven was what you wished it to be, and that any sort of an arrangement which suited my friend's taste, would suit St. Peter, and would come within the regulations of orthodoxy. He could probably get an interplanetary coupon.

The only drawback to the Peripatetic System is its expense, but, as my friend remarked to me once, any kind of doctoring is expensive if you stick to it. You can't very well employ a cheap doctor and get your money's worth, but you can travel at a minimum expense.

In traveling, our family plan is to rent rooms or a cottage as soon as we reach a town, then go where we please to get our meals. In this way we save ourselves from the noise of hotels, are not advertised to our loving friends, escape newspaper men and reduce our expenses very much.

Now I think that the change which travel induces, the stimulus of new air, new scene, new food, new beds, new social relations, can be secured in Hawaii for a long period, if not indefinitely. One may take the peripatetic treatment here for years. By the time you get around to the place of beginning (as the notaries say), it will be new.

You can live by the sea, then move up to a reasonable altitude, living on air and the magic of sunrises and sunsets, as I do here in my bungalow, or go to the very mountain top, where it is as cold as Iceland. You may live on the warm beach luxuriating in the pleasant surf, or on cooler windward beaches; spend a while among cultivated tracts of land, or build a shanty in the woods. In fact, the Hawaiians practice peripatetics, and have done so for hundreds of years, especially if they are ill. They move from here to there, living in one place and another, changing their *habitat*, as it were.

Many of the people of means have several residences, a beach house, two or three of them in different locations; houses all the

way up the slope of the mountain at different elevations, going to one or the other as they feel inclined; in each having conveniences ready for them.

You can board with Hawaiians, Portuguese, Gilbert Islanders, Germans, Negroes, Americans, Chinese, Filipinos, Koreans, Japanese, Porto Ricans, Malays, Scandinavians, Russians, Samoans, and sample the different kinds of food these people enjoy when at home. This, in itself, would be variety enough.

I think the ordinary phthisic patient could keep agoin' here till he reached health; neighboring me are living evidences.

BERIBERI

Two cases of beriberi in Chinese and Japanese subjects are reported by A. C. Reed, San Francisco (*Journal A. M. A.*, Jan. 13, 1917). In the first Japanese case there was also clonorchis infection, and in the second case trichocephalus ova were found. The first patient (Japanese) was markedly improved under treatment by rest, mixed diet and mild tonics, though the diagnosis included, besides the beriberi and cardiac hypertrophy, moderate arteriosclerosis, pyorrhea and a low grade chronic nephritis. The second case does not seem to have been a very severe one of beriberi, but the outcome is not stated.

MISCELLANY

VIDE QUID AGAS!

The Annual Congress of public health, State examining and college experts met in Chicago early in February, still further struggling with the problems in medical education in and out of the medical school. Several important conclusions might be drawn from the various sessions. Among these stand out the need of shortening the student period of the intending medical graduate, the need of more general instruction in public health, the consideration of the content of the two-year college entrance requirement, the status of practical examinations by State Boards, the granting of higher degrees for graduate work in medicine.

Each topic met with full discussion and while in no particular was any tangible results attained, the dissemination of ideas may produce some action hereafter.

There seemed to be a general opinion that the present primary and high school period could be reduced so as to leave more time for college and professional school study. The present twelve years consumed in preparation for college seems capable of reduction by two years, the saving coming in the primary school by eliminating foreign languages and in the high school, through a similar elision, also here reducing the sciences to a minimum or by omitting them. Much stress was laid on the place of the so-called "Junior College," or academy, where college work is done, but without college quality, or not altogether acceptable for college credit. The entire country is full of these intermediary institutions, serving the purpose of education of many young men and women, without carrying them to the grade of attainment necessary for a real college degree.

The whole discussion emphasized the general unrest in pedagogics in the United States, without offering any tangible solution. There will probably result some material concession to the materialistic group, which more and more inclines to make the standard one for the average student rather than one built upon the lines of broad education in which the humanities are essential.

The reflex of this point of view was evidenced in the report of the Committee on Medical Education and Pedagogics of the Association of American Medical Colleges, when a report was brought in covering the content of the two years of required college work for entrance, to go into effect in 1918.

A distinct recommendation was made to omit the foreign language requirement in the college credits. As this question of the two-year content is to be deliberated by a committee specially appointed, we may well wait for the report before undertaking further discussion.

The discussion on medical college instruction in public health was illuminating, bringing out the woeful lack of provision for this branch in most medical schools. The excuse of an already overcrowded curriculum is hardly sufficient, in this day when public health is essential and when all physicians are so directly related. The mere notice of the limited registration area of the United States and the indifference of the balance of the States is enough argument for a better basis for the physician, who, after all, is the responsible person in a community.

That the subject is important at this time is furher evidenced by the lack of medical graduates qualified for positions with the International Health Commission, the knowledge of which delinquency probably more than anything else has occasioned the Rockefeller Board to endow a special school of hygiene at Johns Hopkins. For several years, however, excellent courses, including laboratory instruction, have been offered and given at the University of Pennsylvania, Harvard and at Tulane; at the last named school this branch has been required for a long time.

In the report of the first examination of the National Board of Medical Examiners, read at the Chicago meeting, it was noted that hygiene was the only branch on which all of the ten candidates failed to obtain a passing grade, occasioning the examiner to comment that this subject seemed to be the most poorly taught among the branches on which the candidates were examined!

While the question of practical examinations by State Boards has been active for several years only a few boards have essayed the task of conducting such examinations. At the Chi-

cago meeting some analysis of the practice and of the results was demonstrated. The general opinion prevailed that in the time consumed, no real estimate of the candidates' knowledge could be determined and that with only a few days for the entire examination on all the subjects required the practical examinations as tried out were of little value. Again the work of the English Conjoint Board and the recent experience of the National Board were contrasted with State Board practice and it would seem that the only solution possible would be longer periods of examinations by State Boards.

Higher degrees in medicine must remain unsettled for some time to come. There was no unanimity of opinion on this question and the discussion brought out several salient facts.

Already several universities have undertaken the establishment of such degrees; each institution has adopted its own courses and its own standards, also it own titles for such degrees. At the start, then, there is confusion, for in one place a D. Sc. is offered, and in another a M. S. and in yet another a M. A. With the further complication of titles by adding the special subject in which the recipient has qualified, very soon there may be all sorts of new degrees and titles in medicine.

More than all this, graduate work in medicine is far from organized. The old clinical "postgraduate" schools have not been relegated and in only two or three universities has any real move been made to put the medical school work in the graduate department of the university. Archaic practices continue, therefore, and until these are set aside for a more academic curriculum, the degrees for advanced work will be worth just as little as the standard of the institutions granting them may command.

There must be standards for graduate work in medicine and these must be generally accepted at all places where real work is done or where it is contemplated. Then, and then only, may a consensus of opinion indicate the quality, character, and the name of the degree to be bestowed on a successful candidate. Otherwise the more degrees for graduate work there are, the cheaper they will become, until it will be the practice in the better institutions to forego such degrees for their very cheapness.

Isadore Dyer.

CURRENT LITERATURE

SAFEGUARDING FOODS AND DRUGS.—In the enforcement of the Food and Drugs Act during the last year, United States Department of Agriculture officials analyzed 29,833 samples of foods and drugs offered for interstate shipment and for export. A physical examination was made of samples from 76,468 shipments offered for import. Of these foreign shipments 6,353 were found to violate the law in some respects and were either excluded from the country or admitted only after the importers had relabeled them to comply with the law. Of the samples of domestic products analyzed 3,535, either because of the nature of the product or because the label on it did not tell the truth, were found to be in violation of the Federal law. In 7,364 cases the department recommended to the Department of Justice that criminal prosecution be instituted against the manufacturers or that the goods be seized. In many cases where there was no evidence of intention to defraud, and where there was merely some easily remedied flaw in the wording of a label, the shippers, after being warned in hearings, voluntarily took steps which made their products fully comply with the requirements. In all, there were held 8,715 such hearings, many of which resulted in the prosecutions indicated and the gathering of evidence for a large number of additional cases, which will be forwarded to the Department of Justice.

The Bureau of Chemistry, in its annual report, also calls attention to the fact that through the system of Service and Regulatory Announcements now in use, manufacturers are given due notice of the requirements and thus are enabled voluntarily to make their products conform to the law. In this way the government achieves its purpose, frequently without entering into needless and very expensive litigation.

In the regulatory work, special emphasis has been given to the control of drug products and foods liable to spoilage and pollution. These frequently constitute a serious menace to health. The food inspectors have been instructed to be particularly watchful for interstate shipments of bad eggs, milk, oysters and spoiled canned goods, and false and fraudulently

labeled medicines and spurious, synthetic drugs.—*United States Department of Agriculture Bulletin.*

CURBING FRAUDULENT MEDICINES.—Attempts to counterfeit or adulterate imported drugs have been more common since the recent high price and scarcity of many of these products encouraged their imitation. It is interesting to note that of the 1,036 cases terminated in the courts during the year, 198 were brought on account of the false and fraudulent labeling of medicines. In all of these medical cases, save five, the courts found for the government, and this, it is believed, has exercised an important deterrent effect on the vendors of nostrums shipped from one State to another.

The work of controlling the fraudulent labels of medicines and mineral waters has been greatly strengthened by the establishment of a separate office to deal with these matters. At the request of the Secretary of Agriculture an officer of the United States Public Health Service has been detailed to take charge of this work. Moreover, through the close co-operation established with the foods and drugs officials of many of the States, the department was able to direct the attention of the local authorities to the presence of spurious drugs in their States and, as a result, much of these fraudulent goods in the hands of local dealers and beyond the reach of the Federal authorities were destroyed by State and municipal officers, who, in many cases, prosecuted those responsible for the local traffic.—*Ibid.*

MILK, EGGS AND OYSTERS.—The co-operation in the sanitary control of the milk supply of small cities, described in the report for last year, has been extended in Illinois, Iowa, Missouri, Kansas, Nebraska, and in New England. It is proposed to repeat this work year after year, extending it each year to new territory. In some localities bad conditions were found, due in the main to insufficient cooling and careless handling. Perhaps the best results of this work has been that it stimulated some of the local authorities to take up similar work independently, so that definite permanent improvement of the milk supply of a number of cities has resulted. The co-operative work on the control of the shipment of decomposed eggs described in the report of last year has been extended to cover much of the territory in which shipments originate, so that eggs are now

candled before shipment far more than formerly and the spoiled eggs destroyed or fed to poultry and stock. At the same time information given to local officials has helped them to curb local traffic in eggs rejected in candling.

The Bureau of Chemistry, after making co-operative sanitary surveys of oyster beds, issued warnings against interstate shipment of oysters from polluted and doubtful beds and, where these warnings were not regarded, undertook prosecutions. As a result, interstate shipment from such territory was stopped.—*Ibid.*

Chronic Duodenal Indigestion in Children (John Foote, M. D., Washington, D. C.).—This condition is said to occur most frequently in children after the first year, and especially in those who have suffered from dietetic errors, usually with antecedent contagious diseases, or from prolonged intestinal infections, and this is fully covered by Foote in *December International Clinics.* This form of indigestion seems to be accompanied by deficiency or pancreatic frements, especially lipase. A mild duodenitis, with either passes up the pancreatic duct, or diminished hormone formation, seems responsible for the condition. Diminished bile production may also be a factor. Anemia, loss of weight and mental underdevelopment occur. Large pendulous abdomens are common. Bottle feeding has been employed. Fever may be encountered, vomiting almost never. The number of daily stools varies from 3 to 12. They are thin, contain some mucus and flakes of whitish material and have a very foul odor. They give an acid reaction and microscopically contain not only large quantities of fat soaps, but also a considerable amount of neutral fat, but rarely starch granules. It is to be differentiated from mesenteric tuberculosis and acute duodenal indigestion. The treatment consists in reducing the food elements which have proven indigestible, namely, the fat, and stimulating enzyme production by the administration of hydrochloric acid pancreatic fements.—*International Clinics.*

Acute Syphilitic Meningitis, (Boris Bronstein, M. D., Odessa, Russia).—Bronstein considers that the term acute syphilitic meningitis should be more particularly applied to acute meningeal phenomena of the secondary period, sometimes preceding, but more frequently accompanying the cutaneous manifestations

of this period. The pathology is essentially a meningo-vascularitis with hypersecretion of the cerebrospinal fluid. Prodromal symptoms, such as headache and insomnia, may or may not occur. Acute syphilitic meningitis at its height, Bronstein says, presents the clinical picture of the tubercular form, differing from the latter by the indistinctness of the symptoms, such as contractures and stiffness of the neck, and by the absence of any marked disturbance of the pulse and respiration. In the luetic form fever is apt to be absent and there may be remissions and relapses. Lumbar puncture reveals a considerable hypertension of the cerebrospinal fluid, albumin in quantiy and a marked lymphocytosis with plasmozellen. The cerebrospinal fluid may yield a positive Wasserman even when the blood serum is negative. Other manifestations of syphilis are to be looked for. The immediate prognosis is rarely fatal, but the ultimate prognosis should be reserved. Prophylactic treatment is recommended whenever the cerebrospinal fluid shows a lymphocytosis even when all meningeal symptoms are wanting. The treatment consists in frequently repeated removal of the cerebrospinal fluid in considerable amount, combined with intravenous injection of cyanide of mercury and intraspinal injections of colloidal mercury. Neosalvarsan or salvarsan have a much more rapid action, but must be prudently handled in neurologic lesions of syphilis.—*Ibid.*

A Clinical Consideration of Migraine (John A. Litchy, M. Ph., M. D., Pittsburgh, Pa.).—Migraine is considered by the author as the most frequent headache, occuring in 700 of his 15,000 patients sick from all causes. He believes that the so-called acidosis in children may often be a forerunner of a well-established sick headache habit. The interesting relation between migraine and epilepsy deserve further study. Among the author's 15,000 patients epilepsy occured in seven, and both migraine and epilepsy in seventy. Auerbach's theory, which attributes migraine to an actual disproportion between skull capacity and volume of brain, needs further proof. Dr. Litchy shows that the diagnosis is easy when there are headaches which are unilateral, periodical and hereditary, but when only one or two of these symptoms are present, or when there is

only a periodicity of some of the minor symptoms or possibly of the aurae, the diagnosis may be difficult. Migraine is frequently mistaken for pelvic disease, for acidosis or cyclical vomiting in children, and organic disease, when some of the aurae are present. The psychasthenic and the gastric symptoms frequently lead to confusion in diagnosis. While the underlying causes of migraine are vague and furnish little light as to treatment, much can be done to ameliorate the symptoms by proper handling of the exciting causes that aggravate the patient's general condition and precipitate the attacks. Most thorough investigation and careful individualization are indicated. Systematic administration of the bromide salts and avoidance of undue fatigue are especially recommended.—*Ibid.*

CARREL'S SOLUTION.—"Dissolve in a large bottle 140 grams of dry sodium carbonate in 10 liters of sterile water. Add to this 200 grams of chlorinated lime (bleaching powder), and shake well. After half an hour siphon off the clear fluid into another bottle through a cotton plug or filter paper, and then add 40 grams boric acid to the clear fluid."

This solution is simply a solution of boric acid in Solution of Chlorinated Soda (Labarraque's solution) and water. It can be made much more expeditiously as follows:

Solution of Chlorinated Soda (U. S. P. IX.)	200 Gm.
Sterile Water	800 mils
Boric Acid	4 Gm.

Dissolve. Keep in well-stoppered bottles, in a cool place, protected from the light.—*Journal American Pharmaceutical Assn.*

NEWS AND COMMENT.

AFTERMATH OF INFANTILE PARALYSIS.—In the epidemic of infantile paralysis which swept New York city during the summer, many of its victims were permanently disabled. Of the home cases a higher percentage of serious after effects is shown than in hospital cases. According to a health bulletin just issued, 66 per cent of 2,058 discharged from city hospitals showed evidence of paralysis, 18 per cent showed that paralysis had entirely disappeared and the remainder, 16 per cent, had not shown effects of paralysis at any time. Of 2,715 cases followed in the homes, 1,885 were found seriously paralyzed in either one or both legs and are unable to walk. Five hundred and thirty, though partially paralyzed in the legs, can walk. Paralysis in one or both arms affected 273. The children are being scientifically treated and taught the use of their crippled arms and legs.

LABELED BREAD.—A bill has been introduced in the New York Legislature requiring that bread must be labeled with a statement of all ingredients aside from the usual ones (flour, water, salt and yeast)), and prohibiting the use of poisonous or injurious ingredients.

EYESTRAIN AND BAD PUPILS.—The National Committee for the Prevention of Blindness says that the inspection of public schools is showing that eyestrain is one of the most serious causes of failure on the part of pupils to do their work, to say nothing of the personal distress it causes.

THE AMERICAN SOCIETY OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS held its eighth annual meeting at the Cornell Medical School, New York City, December 28 to 30, 1916. Dr. Reid Hunt of Boston, professor of pharmacology and therapeutics in Harvard Medical School, was elected president for the ensuing year.

SOCIETY AWARDS MEDALS.—The National Institute of Social Sciences, at its fourth annual convention in New York, November 19, awarded the medals of the society to Surgeon General

William Gorgas, for his work in stamping out yellow fever in Cuba and Panama, and to Dr. George W. Crile, for his contributions to surgery and allied sciences.

London Times and Red Cross Fund.—The London *Times* recently announced that its Red Cross Fund, which other London papers are also supporting, has reached the total of $30,000,000.

American Academy of Public Health.—This organization with the title of the American Academy of Public Health was organized in Cincinnati on October 23, the following temporary officers being elected: President, Dr. Carl L. Alsberg; Vice President, Prof. H. W. Conn; Secretary, Dr. Charles E. North, 30 Church Street, New York City. It is the purpose of this organization to devote its meetings to open discussion of the reports of committees on public health problems. These will be placed in the hands of the members in advance of the annual meeting, so that they may be prepared to discuss the same. The opinions which the membership of this academy may reach resulting from their deliberations on the problems before them will be published from time to time. The membership for the first year is limited to fifty and five new members may be added to this number each year. Qualifications for membership are based on achievements in public health work and scholarship in public health science.

Longevity of American Presidents.—The London *Lancet* recently published a comment on the longevity of American Presidents and their causes of death. Their ages at death were as follows: 67, 90, 83, 85, 73, 70, 78, 79, 68, 71, 53, 65, 74, 64, 77, 56, 66, 63, 70, 49, 56, 71, 67 and 58 years. Those at 56, 49 and 58 were respectively, Lincoln, Garfield and McKinley, who were assassinated. The ages of these twenty-four men total 1,663 years, or an average of 69 years, showing, as is believed, that the stress and responsibility of leadership seems to have no effect on longevity. The *Boston Medical and Surgical Journal* says: "This is of interest in comparison with the longevity and causes of death among any series of monarchs belonging to a European dynasty of comparable duration."

A NEW PUBLICATION.—The National Committee for Mental Hygiene is issuing a quarterly magazine, entitled *Mental Hygiene,* to be edited by Dr. Frankwood E. Williams. This magazine will present to a wide circle of readers, in as non-technical way as possible, problems in all articles on the practical management of mental relations of life. No other magazine exists for the purpose, and it should prove of value and interest to all thoughtful readers, to physicians, lawyers, educators, clergymen, public officials and students of social problems. The first issue appeared in January.

INDUSTRIAL MEDICAL ASSOCIATION OFFERS PRIZE.—A prize of $100 for the best thesis on any subject relating to industrial medicine and surgery, by any undergraduate medical student of the United States has been offered by the American Association of Industrial Physicians and Surgeons. The thesis is limited to 5,000 words and must be in the hands of Dr. Harry E. Mock, 122 South Michigan Avenue, Chicago, secretary of the association, on or before May 1, 1917.

AMERICAN JOURNAL OF SYPHILIS.—This new quarterly has just issued its first number. It is of 260 pages, with a staff of about 100 editors and editorial collaborators. The cover page has an appropriate statement by Sir William Osler: "Know syphilis in all its manifestations and relations and all other things clinical will be added unto you." There are several excellent articles, well illustrated. The social side of the subject is not neglected, as may be seen in an article by Dr. William Allen Pusey on the "Sanitary Attack Upon Syphilis," and one by Dr. Henry H. Hazen on "Teaching of Syphilis."

NATIONAL LEPER SANATORIUM.—This institution will be in charge of the Public Health Service and officers of the service detailed to the work will be allowed pay and a half. The home is to be chosen on a site acquired by purchase or on any abandoned government reservation suitable for the purpose, and shall be for the care and treatment of any person afflicted with leprosy who presents himself voluntarily, or for any who may be apprehended under the United States Quarantine Acts, or for anyone consigned to the home by the proper health authorities.

MEETING OF MISSOURI VALLEY PHYSICIANS.—The annual meeting of the Medical Society of the Missouri Valley will be held in Keokuk, Ia., March 22 and 23, under the presidency of Dr. Charles R. Woodson, St. Joseph, Mo. The Physicians' Club of Keokuk will be the host of the society.

NO EXPORTING OF MEDICAL HERBS.—According to the *Commerce Reports*, January 31, 1917, the French government, by decree of January 25, 1917, from and after January 27, prohibits the export, etc., of fruits for distilling, and roots and herbs, flowers, leaves, barks, lichens, fruits and seeds of medicinal character, subject to the usual exceptions.

FELLOWSHIP FOR PUBLIC HEALTH MEN.—The Harvard Medical School, co-operating with the Boston Dispensary, offers a Fellowship to graduates in medicine, leading to the Certificate of Public Health in the School for Health Officers, or to the degree of Doctor of Public Health in the Department of Preventive Medicine. Fellows must give half their time to the treatment of the sick in their homes, in a district of the city of Boston, and half to study at the Harvard Medical School. Appointments may be made for one or two years. The stipend is $750 per year. Applications stating previous experience, references, etc., should be made to Dr. Milton J. Rosemau, Professor of Preventive Medicine and Hygiene, Harvard Medical School, Boston, Mass.

BOSTON PHYSICIANS RAISE FEES.—An announcement comes from Boston that in order to meet with the high cost of living the physicians of that city have agreed to double the price of consultation and to raise the price of night calls. The new schedules for visits is: Between 8 a. m. and 5 p. m., $3; between 5 p. m. and 9 p. m., $4; between 9 p. m. and 8 a. m., $5.

FIFTY YEARS OF ACTIVE PRACTICE.—Dr. C. Lester Hall of Kansas City will complete on March 10 fifty years of active practice. A dinner has been arranged by the County Medical Society and the Academy of Medicine of Kansas City to celebrate the occasion in honor of Dr. Hall.

THE AMERICAN ASSOCIATION TO PROMOTE THE TEACHING OF SPEECH TO THE DEAF is authorized to pay $300 of the income from the Alexander Graham Bell Grosvenor Memorial Fund

for the essay or other form of composition complying with the following conditions, that most clearly details how a mother can best teach and train her deaf child in the home from infancy to school age:

Each essay submitted must (1) be delivered at the Volta Bureau, by prepaid express or mail, before 12 o'clock noon of November 1, 1917; (2) must be typewritten in the English language; (3) must contain at least 20,000 words, as it is doubtful if the necessary instructions and suggestions can be properly presented with a less number; illustrations may be used if the author prefers; (4) must bear a distinguishing mark or pseudonym, but nothing to tell who the author is or where residing; (5) must not be folded or rolled, but placed in a large, plain envelope bearing only the title of the essay and the distinguishing mark of the author; (6) must be accompanied by a small sealed envelope bearing the title and distinguishing mark on the outside and containing the name and address of the author in a signed statement that the essay is entirely the writer's own production; (7) must be wrapped and addressed to The Judges for the Alexander Graham Bell Grosvenor Memorial Fund Prize, Volta Bureau, 1601 35th Street, N. W., Washington, D. C.

If further details are required, write to the *Superintendent of the Volta Bureau, 1601 35th Street, Northwest, Washington, D. C.*

GIFT TO TOURO INFIRMARY.—Through the generosity of Mr. E. Mente, head of the bag manufacturing company in New Orleans, Touro Infirmary recently received the gift of $50,000. The money is to be devoted to the erection of a model three-story building as a hospital for the poor and will adjoin the free clinic building which is to be erected by Mr. J. K. Newman as a birthday offering to his mother. This will make the Mente Hospital ideal in facility, location, as well as in usefulness.

THE MCINTIRE PRIZE.—Last year Dr. Charles McIntire resigned the secretaryship of the American Academy of Medicine after twenty-five years of faithful service. In commemoration the Academy decided to raise a fund, the income of which should be expended in accordance with Dr. McIntire's suggestions. The Academy now announces two prize offers, the prizes to be awarded at the meetings for 1918 and 1921, respectively. The subject for 1918 is "The Principles Governing the Physician's Compensation in the Various Forms of Social Insurance." The subject for 1921 is "What Effect Has Child Labor on the Growth of the Body?" The conditions of the contests are:

(1) The essays are to be typewritten and in English, and the contests are to be open to everyone.

(2) Esays must contain not less than 5,000 or more than 20,000

words, exclusive of tables. They must be original and not previously published.

(3) Essays must not be signed with the name of the writer, but are to be identified by a nom de plume or distinctive device. All essays are to reach the Secretary on or before January 1st of the years for which the prizes are offered and are to be accompanied by a sealed envelope marked on the outside with the name or device assumed by the writer and to contain his true name inside.

(4) Each competitor must furnish four copies of his competitive essay.

(5) The envelope containing the name of the author of the winning essay will be opened by Dr. McIntire, or by the presiding officer, at the annual meeting and the name of the successful candidate announced.

(6) The prize in 1918 for the best essay submitted according to these conditions will be $100; that of 1921 will be $250.

(7) In case there are several essays of especial merit, after awarding the prize, special mention of the others will be made and both the prize essay and those receiving mention are to become the property of the Academy. Essays not receiving mention will be returned to the authors on application.

(8) The Academy reserves the right to decline to give the prize if none of the essays is of sufficient value.

Thomas Wray Grayson, M. D., 1101 Westinghouse Building, Pittsburgh, Pa., is the secretary.

REMOVALS.—The American Public Health Association and the *American Journal of Public Health* have moved their offices to 126 Massachusetts Avenue, Boston, Mass.

Dr. Robert F. Miller has returned to Sherman, Texas, and will resume his practice of eye, ear, nose and throat work, office Merchants and Planters' Bank Building, Sherman, Texas.

DIED.—On January 29, 1917, Dr. James Edward Blanchard, of New Orleans, aged 76 years.

OBITUARY.—Resolutions passed at a special meeting of the Junior Class of the Tulane School of Medicine, called January 19, 1917, on the demise of the beloved demonstrator at the Charity Hospital, M. T. Lanaux, M. D.:

Whereas, God in His infinite Wisdom has seen fit to remove from his sphere of usefulness and activities our lamented preceptor, Dr. M. T. Lanaux, in the dawn of his prime; and

Whereas, his greatest work, inerrably promised, by recent achievements forecast, has been arrested to the loss of suffering humanity; and

Whereas, he has been an honor to local medical life and the hope of many, an inspiration to his classes, who regarded him as a high exemplar; and

Whereas, this genial, brilliant, scholarly gentleman and scientist has laid down his life in the cause of hygiene and in ministration to suffering.

Be it resolved, That the medical class of 1918 hold our departed friend and teacher evermore as a hero-martyr in the performance of duty; and

Be it further resolved, That the attributes which made him a man to imitate and memorialize cause us to cultivate these in remembrance of him and as his living legacy to us;

Be it further resolved, That a copy of this act be spread upon the minutes of our record book to hold his memory in perpetuity; that a copy be given to Dr. C. Jefferson Miller, head of the Division of Obstetrics, and the intimate co-workers of Dr. M. Thoman Lanaux, to-wit: Drs. P. J. Carter, E. L. King and W. D. Phillips, and to Dr. Isadore Dyer, Dean of School of Medicine; also to the bereaved family, to whom our deepest sympathy is extended, offering at the same time the reconciling thought that he whom they mourn is of those of whom St John wrote, "More than this no man, that he lay down his life for his friend"; such was he to all who knew pain or distress.

ALBERT B. PITKIN, President.
A. F. BURGIS, Vice President.
HAROLD A. BLOOM, Secretary-Treasurer.

BOOK REVIEWS AND NOTICES

All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works accepted as possible, the editors will be guided by the space available and the merit of respective publications. The acceptance of a book implies no obligation to review.

Obstetrics, Normal and Operative. By George Peasler Shears, B. S., M. D. J. B. Lippincott Company, Philadelphia and London, 1916.

If one is to judge by the number of excellent textbooks on obstetrics that have appeared in America within a comparatively short time, there has been a real awakening in this branch. A new book receives more than the average critical examination, for one is prompted to question the author's ability to add new material worthy of a large volume, or to present old ideas better than they have already been presented.

Dr. Shear's new contribution will soon convince the reader that it has a place as a compact, convenient volume, possessing the stamp of individuality and shorn of many features rarely referred to by the practitioner and now mastered by the undergraduate. I refer chiefly to the absence of extensive chapters on Anatomy, Developmental Anomalies, and Embryology, subjects which while essential to the practice of obstetrics, have become so wide in their scope as to demand separate volumes and special instruction.

The author has endeavored to give briefly and plainly the essentials, i. e., about as much as the student ought to know, or is likely to remember; enough also to serve, if desired, as a groundwork for further study. He has shown that he possesses the happy faculty of depicting in a clear, concise style the ideas he wishes to convey and impresses the reader immediately with his ability as a teacher and practical obstetrician.

The volume contains numerous original and well-selected illustrations, all of which measure up to the high standard of modern medical art.

Miller

Diagnosis and Treatment of Surgical Diseases of the Spinal Cord and Its Membranes. By Charles A. Elsberg, M. D., F. A. C. S., W. B. Saunders Company, 1916, Philadelphia and London.

Elsberg's monograph constitutes a distinct contribution to medical literature for it represents the record of the experiences of a pioneer in this field. It should claim attention not only from the surgeon to whom of course it is primarily and principally directed, but also from neurologists and all interested in the differential diagnosis of spinal cord lesions. The physical make-up of the book leaves nothing to be desired. The illustrations are excellent and the type beautifully large and clear.

I. I. Lemann.

The Medical Clinics of Chicago, issued bi-monthly. Issues of July, September, November, 1916. W. B. Saunders Company, Philadelphia and London.

This series continues to be an assorted mixture of important well considered lectures and of mediocre ones upon threadbare topics. The country over, much printer's ink is wasted (not to mention the paper in these days of its scarcity) upon medical papers and lectures not worth reproducing. Because a lecture serves a useful purpose in instructing the small group of hearers, is no adequate reason for its preservation in printed form. It is not to be denied that the easy, almost colloquial, style of these lectures makes them easy reading, but it is also not to be denied that the value of the series to the subscriber could be greatly increased by intelligent editing and pruning.

I. I. L.

Blood-Pressure, From the Clinical Standpoint, by Francis Ashley Faught, M. D., second edition, thoroughly revised. W. B. Saunders, Philadelphia and London, 1916.

The author states in his preface that his "chief effort has been to reduce a very large and complicated subject to a practical working basis, one which may be applied to everyday conditions, which after all is the chief concern of the practitioner." He has by no means overlooked or neglected the physiological studies upon which this working basis must be founded. The data presented are valuable and arrayed in a manner to afford the maximum service to the reader seeking information and light. A monograph upon this important subject should find a place in the library of every well informed medical man.

I. I.L.

PUBLICATIONS RECEIVED

P. BLAKISTON'S SON & CO. New York and Philadelphia, 1916.

A Manual of Organic Materia Medica and Pharmacognosy, by Lucius E. Sayre, B. S., B. H. M. Fourth edition, revised.

W. B. SAUNDERS COMPANY. Philadelphia and London, 1916.

The Medical Clinics of Chicago. January, 1917, Vol. 2, No. 4.

The Care of Patients Undergoing Gynecologic and Abdominal Procedures Before, During and After Operation, by E. E. Montgomery, A. M., M. D., LL. D., F. A. C. S.

A Textbook of General Bacteriology, by Edwin O. Jordan, Ph. D. Fifth edition, thoroughly revised.

A Textbook on the Practice of Gynecology, by William Easterly Ashton, M. D., LL. D. Sixth edition, thoroughly revised.

Diseases of the Skin, by Henry W. Stelwagon, M. D., Ph. D. Eighth edition, revised.

Manual of Nervous Diseases, by Irving J. Spear, M. D.

THE YEARBOOK PUBLISHERS. Chicago, 1916.

The Practical Medicine Series. Volume IX: **Skin and Venereal Diseases**, edited by Oliver S. Ormsby, M. D., and James Herbert Mitchell, M. D. Volume X: **Nervous and Mental Diseases,** edited by Hugh T. Patrick, M. D., Peter Bassoe, M. D., with the collaboration of Lewis J. Pollock, M. D.

REBMAN COMPANY. New York, 1916.

An Inquiry Into the Principles of Treatment of Broken Limbs, by William L. Fluhrer, M. D.

The Diagnosis and Treatment of Abnormalities of Myocardial Function, by T. Stuart Hart, A. M., M. D.

FOOTE & DAVIES COMPANY. Atlanta, Georgia, 1917.

Better Babies, by Samuel A. Visanska, Ph. G., M. D.

WILLIAM WOOD & COMPANY. New York, 1917.

The Maintenance of Health in the Tropics, by W. J. Simpson, C. M. G., M. D., F. R. C. P.